

ADDITIONAL INFORMATION FOR CHILD CARE

CERTIFYING AGENCY:

Name of Agency:	Case Number:
Line 1 of Address:	Case Name:
Line 2 of Address:	<u>Worker Information</u>
City, State, Zip Code:	Name:
	ID:
	Phone Number:

The FoodShare and Child Care programs have combined the six-month report process for both programs. Recipients of both programs will be able to complete the six-month report process for both programs at the same time.

Refer to the FoodShare and/or Child Care Six-Month Report Instructions form for information on how to complete the FoodShare and/or Child Care Six-Month Report form. Refer to the instructions within each section of this form (called Additional Information for Child Care) for information on how to complete that section.

WHETHER OR NOT YOU CURRENTLY RECEIVE FOODSHARE BENEFITS, YOU STILL NEED TO COMPLETE THE FOODSHARE AND/OR CHILD CARE SIX-MONTH REPORT FORM IN ORDER TO CONTINUE TO RECEIVE CHILD CARE. Information on that six-month report form is needed for Child Care. You do not need to complete questions that have been identified as “Not Required” on the FoodShare and/or Child Care Six-Month Report form. Completing the FoodShare and/or Child Care Six-Month Report form is not the same as completing an application for FoodShare benefits. To apply for FoodShare benefits, contact your worker.

To avoid delays in receiving future child care authorization/payment:

- Answer the required questions on both the “FoodShare and/or Child Care Six-Month Report” **AND** the “Additional Information for Child Care” forms.
- Sign both of the forms.
- **Return both of the signed forms to the Certifying Agency listed above by MM/DD/CCYY.** If both forms are not completed and returned by MM/DD/CCYY, payment for your child care will end.

COMPLETE THIS FORM USING BLUE OR BLACK INK. PLEASE PRINT. If you need more room than is provided to complete an answer, use an additional sheet of paper. Contact your worker if you have any questions or need help completing the form.

SECTION A – APPROVED ACTIVITY INFORMATION

Below are the names of each parent and adult currently listed in your child care case. If the person still lives in your home, check the type of activity the person is in. If the activity is not listed, select "Other" and write in the type of activity. If the person is in more than one activity, indicate each activity/schedule separately by writing the information on the form next to the individual's name. Write the daily start and stop times for each activity for each day the person is involved in the activity. Put a line through the name of any person who no longer lives in your home.

If the person is attending school, please attach a copy of their current school schedule.

Name :

Activity Type: ☐ Work ☐ High School ☐ Post Secondary Education ☐ W-2 Activity ☐ FSET ☐ None
☐ Other: _____

Schedule:

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start:							
Stop:							
If the schedule changes often, write down the number of hours per week the person is usually in the activity. _____ Hrs/Week							

Name :

Activity Type: ☐ Work ☐ High School ☐ Post Secondary Education ☐ W-2 Activity ☐ FSET ☐ None
☐ Other: _____

Schedule:

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start:							
Stop:							
If the schedule changes often, write down the number of hours per week the person is usually in the activity. _____ Hrs/Week							

SECTION A –CONTINUED

Name :

Activity Type: ☐ Work ☐ High School ☐ Post Secondary Education ☐ W-2 Activity ☐ FSET ☐ None
☐ Other: _____

Schedule:

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start:							
Stop:							
If the schedule changes often, write down the number of hours per week the person is usually in the activity. _____ Hrs/Week							

SECTION B – CHILD CARE AUTHORIZATION INFORMATION

The chart below lists each child in your child care case who has an authorization for next month, the name of the provider who is authorized to care for the child, and the hours authorized. If you want the child authorized to the same provider, write the number of hours needed weekly for day care in the “Needed Hours of Care Per Week” field. If you no longer want to use that provider, cross out the provider’s name. If you want to use a new provider for a child, write the name of the child, the name of the provider, and the number of hours needed weekly for day care on the form. Use a separate piece of paper if you need more space.

Are you changing the child care provider for any of your children? ☐ Yes ☐ No

Are any children in shared custody? ☐ Yes ☐ No

Name of Child	Name of Provider	Current Hours of Care Per Week	Hours of Care Needed Per Week
Child 1:			
Child 2:			
Child 3:			
Child 4:			
Child 5:			
Child 6:			
Child 7:			
Child 8:			

If the hours needed for child care vary greatly from week to week, explain how the hours of care will vary. Describe if the care is needed for a person to work second or third shift, evening hours, weekends, differing hours of work each week, etc.

SECTION C – SIGNATURE

I certify that the answers on this form are correct and complete to the best of my knowledge. I understand that the information I provide on this form may result in a change or termination of my child care benefits. I understand that if I intentionally give incorrect information I may be charged with a crime, and upon conviction I may receive a sentence of imprisonment, or a fine, or both; and I also understand that I may receive an overpayment collection notice for the repayment of child care funds paid out on the basis of incorrect information.

Signature: _____ Date Signed: _____

Contact Telephone : _____